



PREVENT



PREPARE



COPE

Public Health Emergencies
A FIELD GUIDE FOR THE MEDIA



Kentucky Cabinet for Health and Family Services 2006

The Public Health Emergencies **MEDIA FIELD GUIDE** was **developed** as part of the Commonwealth's efforts in emergency preparedness and planning. **News professionals** who participated in workshops sponsored by the Kentucky Cabinet for Health and Family Services/Department for Public Health (CHFS/DPH) requested a guide that could easily be carried into the field when covering any type of public health emergency, including a bioterrorism event, natural disaster or disease outbreak. This pocket guide is an abridged version of the more detailed Media Information Guide available to media representatives through the Kentucky DPH.

MEDIA

The most trusted source of disaster or public safety news and information among both the general public and special needs populations

A 2003 CHFS/DPH survey found that **few among the media felt adequately prepared for a grave public health crisis due to the lack of sufficient state-level information (i.e., contacts, phone numbers, how information flows in various incidents) provided to the media ahead of time.** The survey also showed there are significant challenges to reaching **special needs** populations (specifically for this study,

people who are hearing and visually impaired, non-English speaking and/or who live in remote rural areas) in any sizeable public health emergency.

A communication plan is vital to Kentucky's preparedness efforts and **the media are crucial in the state's plan for reaching the public. State officials recognize the media's unique role as the leading two-way channel of information across the state**, a role that makes them **the primary link with the public in any public health emergency situation**. One vitally important role for the media is reaching groups of people with special communication needs created by physical, language, geographic or other barriers. Others with unique communication needs can include people who are visiting the state, truck drivers passing through and patients in hospitals.

For these groups especially, the media – primarily television – are **trusted sources of disaster news and information**. **Section 3 of this guide contains resources to help media representatives address how to reach special needs groups.**

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KENTUCKY'S PLAN



KENTUCKY'S PLANS FOR DISASTER PREPAREDNESS

"There is a massive difference between a crisis and a catastrophe and in the case of a bioterror attack, the efforts of media coverage on public perception could be the deciding factor between the two."

- Barbara Cochran, President
Radio and Television News Directors Foundation

Kentucky Cabinet for Health and Family Services/ Department for Public Health (CHFS/DPH)

Disaster Response and Recovery Plan

Kentucky Division of Emergency Management

Emergency Operations Plan

Health Alert Network

National

Kentucky

Collaborations:

- CHFS Emergency Communication Efforts
- Kentucky Hospital Association
- Epidemiology Rapid Response Team
- The Kentucky Community Crisis
Response Board
- Kentucky's Division of Mental Health
- Community Outreach and Information
Network (COIN)

*Kentucky Cabinet for Health and Family Services/
Department for Public Health (CHFS/DPH)*

DISASTER RESPONSE AND
RECOVERY PLAN

The DPH has **primary responsibility for providing public health services and coordinating medical care in a public health emergency**. The **DPH would be the primary point of media contact** early on in a potential public health emergency.

CHFS/DPH Communications Office:
502-564-6786

Each of the 56 district health departments that serve the 120 counties in the Commonwealth has developed **a local disaster response plan** that is integrated with its local emergency management plans.

Local County Contact: _____

PLAN OVERVIEW

- The CHFS Communications Office will **coordinate information and message flow**.
- The CHFS will conduct **regular briefings** when possible if there is news at 11 a.m. and 4 p.m. **Satellite briefings** can be broadcast to locations across the state.
- **A news conference** may be called immediately at the Capitol, Human Resources Complex or KyEm Emergency Operations Center in Frankfort, depending on the circumstances. **News outlets will be notified by e-mail or fax.** ;lkasjd;flk

- News releases will be sent to all state media via fax or e-mail and will be posted on the CHFS Web site.
- If a state of emergency is called, a **joint communications office** will be established and coordinated by the Public Information Officer (PIO) of KyEM and will include PIOs from all appropriate cabinets and agencies.
- **The Health Alert Network (HAN)** in Kentucky will serve as a response and communication tool in all phases of the Kentucky DPH Disaster Response and Recovery Plan.

A detailed view of the **CHFS Media Crisis Response Plan** appears in the **Media Information Guide**.

KENTUCKY DIVISION
OF EMERGENCY MANAGEMENT
EMERGENCY OPERATIONS PLAN

The Emergency Operations Plan can be accessed at <http://kyem.ky.gov>. The site contains detailed information in a series of "annexes" which are organized by subjects, such as "Increased Readiness" and "Search and Rescue Services."

Annex M, **"Health and Medical"** demonstrates the integration of responsibilities between KyEM and CHFS.

The Web site provides specific details about which agency deals with which hazard as well as which agency has a primary or secondary response role.

Each of the 120 counties has an emergency preparedness plan and local contact person. The county plans mirror the state plan.

KyEM Communications Office:

502-607-1611

CHFS/DPH Communications Office:

502-564-6786

24-Hour Warning Point: 502-607-1638

Each of the 56 district health departments that serve the 120 counties in the Commonwealth has developed **a local disaster response plan** that is integrated with its local emergency management plans.

Local Emergency

Management Contact: _____

HEALTH ALERT NETWORK (HAN)

NATIONAL NETWORK

The Health Alert Network is a nationwide **integrated information and communications system** that functions as an alert component for the Public Health Information Network in the Centers for Disease Control and Prevention (CDC).

The system is designed to allow **rapid, wide dissemination of vital health alerts** to pre-determined individuals in a variety of response settings.

KENTUCKY NETWORK

The Health Alert Network (HAN) in Kentucky helps local public

health agencies achieve high levels of organizational capacity in protecting the public through **rapid communication of essential information**. The Kentucky HAN will serve as **a response and communication tool** in all phases of the Kentucky Department for Public Health Disaster Response and Recovery Plan.

The HAN in Kentucky is populated with contact information for people within the public health workforce as well as local and state emergency response officials and other community partners.

The HAN is **not available to the public or to the media**. Access to the information is based on the designated role of the individual and what information is targeted to the individual.

ORGANIZATIONAL PLANNING COLLABORATIONS

**Kentucky Cabinet for Health and Family Services
emergency communication partnerships include:**

POISON CONTROL HOTLINE: 800-222-1222

The Kentucky DPH established a partnership with the Kentucky Regional Poison Center to be **the primary contact for the public** during the first six days of a public health emergency or bioterrorist attack. The Poison Control Center will be a primary source of information for health professionals, emergency service providers, hospitals and the public.

PROACT

Preparedness and Response On Advance Communications

Technology (ProAct) is a videoconference network designed to bring local, state and national experts as well as public health officials and community clinicians **face to face in the aftermath of a natural or man-made disaster**. Rural Kentucky will have access to health experts via this interactive system.

KY.TRAIN.ORG

This is a learning management system that serves as a registration tool for public health workers, emergency responders and others in the medical or response communities to enroll in training. It is also a method for tracking course listings, locations and attendees.

Additional Collaborations include:

THE KENTUCKY HOSPITAL ASSOCIATION (KHA) has formed the **KHA Hospital Bioterrorism Committee**, which works with the Kentucky DPH on disaster preparedness for the state's hospitals.

THE EPIDEMIOLOGY RAPID RESPONSE TEAM

assists with the investigation and control of disease outbreaks in Kentucky. Team members are trained to report, manage and help solve public health issues through surveillance, investigation and follow-up activities.

THE KENTUCKY COMMUNITY CRISIS

RESPONSE BOARD (KCCRB) works closely with the Kentucky Division of Emergency Management to ensure organized, rapid and effective response, crisis intervention and disaster mental health services in the aftermath of a crisis or disaster.

THE KENTUCKY DIVISION OF MENTAL HEALTH

within the Department for Mental Health and Mental Retardation Services works with DPH to enhance the mental health and substance abuse emergency preparedness and response capacity throughout the state.

COMMUNITY OUTREACH AND INFORMATION NETWORK

(COIN) The Commonwealth has identified community-based communication points, agencies, organizations, schools and individuals to form a network that will give out health alerts and other critical information to the public when normal channels of communication are blocked or not working.

KEY CONTACTS



KEY CONTACTS

PUBLIC HEALTH MEDIA CONTACTS

Kentucky Cabinet for Health and Family Services

Communications Office..... 502-564-6786

Bioterrorism Division of Epidemiology
and Health Planning..... 502-564-3261

Commissioner's Office502-564-3970

Department for Public Health
Organization Information502-564-3970

Division of Adult and Child Health502-564-4830

STATE MEDIA CONTACTS

Office of the Governor

Communications Director..... 502-229-6565

Deputy Communications Director.....502-330-4840

Fax..... 502-564-2517

Office of the Lieutenant Governor

Communications Director..... 502-564-2611 ext. 432

Public Information Officer.....502-226-0655

Fax.....502-564-2849

Kentucky Commerce Cabinet

Executive Director..... 502-564-4270

Kentucky Cabinet for Economic Development

Director of Marketing
and Communications..... 502-330-4790

Kentucky Education Cabinet

Executive Director of Communications..... 502-330-7464

Fax..... 502-564-5959

Kentucky Environmental and Public Protection Cabinet

Executive Director of Communications..... 502-229-5176

Fax..... 502-564-3354

Kentucky Finance and Administration Cabinet

Executive Director..... 502-330-1185

Kentucky Cabinet for Health and Family Services

Communications Director..... 502-564-7042

Kentucky Justice and Public Safety Cabinet

Phone..... 502-564-7554

Fax..... 502-564-4840

Kentucky Personnel Cabinet

Chief of Staff..... 502-229-5341

Kentucky Transportation Cabinet

Executive Director..... 502-229-3084

Fax..... 502-564-9540

Kentucky Department of Military Affairs

Public Information Officer..... 502-607-1562

Kentucky Office of Homeland Security

Chief Public Affairs Officer.....502-564-2081

Fax.....502-564-7764

Governor's Office for Local Development

Chief of Staff.....502-226-0545

Public Information Officer.....502-229-4965

Governor's Office for Agricultural Policy

Director of Communications.....502-564-4627

HOTLINES

Poison Control Hotline.....800-222-1222

Disease Reporting Hotline.....888-973-7678

Emergency and DUI Hotline800-222-5555

Traffic/Travel Information (In-State)511 or
(Out of State).....866-737-3767

KSP Missing Persons Hotline.....800-543-7723

Arson Hotline800-272-7766

Marijuana and Drug Hotline.....800-367-3847

KENTUCKY STATE POLICE

<http://www.kentuckystatepolice.org/contact.htm>

Post Phone Numbers

Post 1 (Mayfield).....	270-856-3721
Post 2 (Madisonville).....	270-676-3313
Post 3 (Bowling Green).....	270-782-2010
Post 4 (Elizabethtown).....	270-766-5078
Post 5 (Campbellsburg).....	502-532-6363
Post 6 (Dry Ridge).....	859-428-1212
Post 7 (Richmond).....	859-623-2404
Post 8 (Morehead).....	606- 784-4127
Post 9 (Pikeville)	606-433-7711
Post 10 (Harlan).....	606-573-3131
Post 11 (London).....	606-878-6622
Post 12 (Frankfort).....	502-227-2221
Post 13 (Hazard).....	606-435-6069
Post 14 (Ashland).....	606-928-6421
Post 15 (Columbia).....	270-384-4796
Post 16 (Henderson).....	270-826-3312

Community Relations..... 502-695-6300

<http://www.kentuckystatepolice.org/contact.htm>

Kentucky State Police Laboratories

Central Forensic Laboratory..... 502-564-5230

Western Regional Forensic Laboratory..... 270-824-7540

Jefferson Regional Forensic Laboratory..... 502-426-8240

Northern Regional Forensic Laboratory..... 859-441-2220

Eastern Regional Forensic Laboratory..... 606-929-9142

Southeastern Regional

Forensic Laboratory..... 606-877-1464

Human Resources..... 502-695-6360

ksprecruit@ky.gov

<http://www.kentuckystatepolice.org/contact.htm>

KSP Webmaster..... 502-695-6343

MichaelT.Morrison@ky.gov

**KENTUCKY DEPARTMENT FOR
LIBRARIES AND ARCHIVES**

In the event of a grave crisis, many channels of communication may become blocked or otherwise inoperative. For example, in the days after the Oklahoma City bombing, telephone systems were jammed with calls; however, many citizens unable to get online at home or work were able to access their e-mail and the Internet at no charge at all **public libraries**.

A complete listing of libraries in the state system can be found at www.kdla.ky.gov or by contacting:

Kentucky Department for Libraries and Archives

300 Coffee Tree Road

Frankfort, KY 40601 502-564-8300\

Local library contact information:

Contact Person: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

This field guide contains state level contact information. Members of the media will have their own sources and contacts, which can be added here for convenience.

LOCAL SOURCES/CONTACT INFORMATION

Name: _____

Phone: _____

Work: _____

Cell/Mobile: _____

Fax: _____

E-mail: _____

Name: _____

Phone: _____

Work: _____

Cell/Mobile: _____

Fax: _____

E-mail: _____

Name: _____

Phone: _____

Work: _____

Cell/Mobile: _____

Fax: _____

E-mail: _____

Name: _____

Phone: _____

Work: _____

Cell/Mobile: _____

Fax: _____

E-mail: _____

SPECIAL NEEDS POPULATIONS



SPECIAL NEEDS POPULATIONS

A CHFS/DPH survey found that special needs populations (for this study, people who were hearing and visually impaired, non-English speaking and those who lived in remote rural areas) had very distinct and well-established communication channels with others in their communities and **typically relied much less on mainstream media** for news and information. The state has responded by developing and maintaining direct communication with the leadership of institutions and channels that these challenged populations trust.

Even so, the media – primarily television – remain **trusted sources of disaster news and information** for many people with special needs. The following resources may help media representatives address how to reach special needs groups.

SIGN LANGUAGE INTERPRETATION SERVICES

Kentucky Commission on the Deaf and Hard of Hearing
<http://kcdhh.ky.gov>

Kentucky Registry of Interpreters for the Deaf
<http://www.kyrid.org>

TEXT TELEPHONE/TELECOMMUNICATION DEVICE FOR THE DEAF

Kentucky Assistive Technology Service (KATS) Network
Charles McDowell Rehabilitation Center.....502-429-4484

TDD.....800-327-5287
www.katsnet.org

PUBLIC TDD/TTY TELEPHONE LOCATIONS

Northern Kentucky University – Campus Library

Remke's Market – Ft. Mitchell, Ky.

Riverside Market – Dayton, Ky.

INTERPRETATION SERVICES IN OTHER LANGUAGES

Louisville Metro Office for

International Affairs.....502-574-4774

BIOTERRORISM SAFETY INFORMATION



BIOTERRORISM SAFETY INFORMATION

HOW TO PROTECT YOURSELF

On the Job

If you are among the first responders to the site of a chemical or biological terrorist attack or major natural disaster:

- **Call immediately for emergency assistance** from police, fire, HAZMAT and other traditional first responders.
- **Approach** the site **cautiously** from upwind.
- **Assess the situation.** Who is at risk? What can be done? Weigh rescue attempts against becoming part of the problem.
- Afterward, **talk with health care professionals** about treatment.

At Ground Zero

- **Identify yourself** as a member of the media.
- Ask for the official spokesperson.
- Is the general public at risk or is the risk contained?
- Wear **protective gear** if necessary.
- Get precise answers.

Personal Planning

- Establish **family contact information** and meeting places in town and out of town.
- Determine how to communicate with your family if you become separated.
- Have a **disaster plan** in place.
- Have **emergency supplies** on hand.

Family Contact Information:

BIOLOGICAL/CHEMICAL AGENTS OF POTENTIAL USE IN AN ATTACK

Chemical Weapons: Usually detectable by sight or smell; cause immediate, but limited damage.

Biological Weapons: Viruses or bacteria introduced into the environment; take time to be detected and identified. The CDC has identified several biological agents that pose threats as weapons.

CATEGORY A AGENTS/DISEASES

A group of biological agents thought by the Centers for Disease Control and Prevention (CDC) to pose the **greatest threats** as biological weapons.

Anthrax

Bacteria; not contagious; inhaled; can also enter body through skin or orally (less lethal); inhaled anthrax symptoms include dizziness and confusion, fever, cough, shortness of breath, fatigue; treated with antibiotics.

Botulism

Bacteria; not contagious; paralytic illness; foodborne or infant's hands to mouth; can also enter body through wounds; all forms can be fatal; treated with antitoxin, if detected early.

Plague (pneumonic)

Bacteria; contagious; inhaled; symptoms include rapidly developing pneumonia with shortness of breath, chest pain and

cough; antibiotics should be given within 24 hours of first symptoms to reduce high risk of death.

Smallpox

Virus; contagious; symptoms include fever, malaise, rash and sores; death may occur in up to 30 percent of cases; prevented through smallpox vaccine, but no proven treatment.

Tularemia, or rabbit fever or deer fly fever

Bacteria; not contagious; symptoms depend on how person was exposed; inhaled; can also enter the body by being bitten by infected insect, handling infected carcasses or eating or drinking contaminated food/water; treated with antibiotics.

Viral hemorrhagic fevers (VHFs)

Transmitted directly and indirectly; high fever, bleeding in internal organs, under the skin and from eyes, ears, nose and other orifices. Vaccines for some VHFs, but no treatment for others, only supportive therapy.

CATEGORY B AGENTS/DISEASES

A group of biological/chemical weapons listed by the CDC as being moderately easy to disseminate. They can cause moderate amounts of disease and low fatality rates, but may require specific public health action.

Brucellosis

Bacteria; rarely contagious; infected by contact with contaminated animals or animal products; mild flu-like symptoms: fever, chills, excessive sweating, weight loss, fatigue. Treated by a combination antibiotic therapy.

Epsilon toxin

Protein toxin; a common cause of food poisoning; symptoms can include diarrhea, nausea and severe abdominal pain. Complications and death are rare.

Food safety threats (e.g., salmonellosis)

Bacteria; diarrhea illness; most symptoms develop in 12-72 hours after infection; treatment often not needed unless severely dehydrated; no vaccine.

Glanders

Bacteria; contagious; symptoms depend on route of infection; generalized symptoms include fever, muscle aches and chest pain; no vaccine available.

Melioidosis

Bacteria; contagious; illness depends on the category of the infection; no vaccine for melioidosis; most cases can be treated with appropriate antibiotics.

Psittacosis

Bacteria; person-to-person transmission and rarely fatal; inhaled; symptoms vary from mild, flu-like symptoms to severe pneumonia; occupational health hazard for many who come into contact with birds.

Q fever

Bacteria; inhaled; 30-50 percent with symptomatic infection develop pneumonia; majority will have abnormal liver tests and some develop hepatitis; antibiotic treatment.

Ricin toxin

Poison; depending on route of exposure, 500 micrograms of ricin could kill an adult; can enter the body through inhalation, ingestion or injection; symptoms vary by route of exposure; no antidote.

Staphylococcal Enterotoxin B

Toxin; can be inhaled or ingested; has caused countless cases of food poisoning; rarely fatal, but can incapacitate those exposed; symptoms depend on route of entry; therapy limited to supportive care.

Typhus fever

Bacteria; transmitted to humans by body lice; not spread directly from person to person; symptoms include fever, headache, weakness and a rash; antibiotics.

Viral encephalitis

Virus; causes inflammation of the brain; major risk is permanent brain damage; symptoms can include confusion, memory loss, seizures, paralysis, coma; can be contagious; treatment options depend on type of virus.

Water safety threats (e.g., vibrio cholerae)

Bacteria; not contagious; ingested; infection often mild, without symptoms; severe symptoms include profuse watery diarrhea, vomiting, leg cramps; vaccine discontinued; treated by fluid replacement.

CATEGORY C AGENTS/DISEASES

A group of biological agents that might some day be engineered to produce biological weapons, including hantavirus and Nipah virus.

Hantavirus pulmonary syndrome

Virus; not contagious; carried by rodents; inhaled (most common form of transmission); fatigue, fever, muscle aches, dizziness; no specific treatment or vaccine.

Nipah virus

Virus; not contagious; symptoms include high fever and muscle pains; disease may progress to encephalitis; no drug therapies proven effective; treatment requires intensive supportive care.

AGRICULTURAL BIOLOGICAL WEAPONS

Foot and mouth disease

Virus; can be spread by materials, animals or people that

bring the virus into physical contact with susceptible animals; symptoms include blisters followed by eroded areas in the mouth or on the feet that result in excessive salivating or lameness, drop in milk flow, rising and falling temperatures.

Swine fever

Virus; does not cause foodborne illness in humans; transmitted through contact with infected materials, animals or people; symptoms include high fevers, discoloration of the abdominal skin, red splotches around the ears and extremities.

Karnal bunt of wheat

Fungus; spreads by spores through the movement of infected wheat seed, plants or straw or through soil carried on agricultural equipment; kernel will have partially eroded or "bunted" area with a mass of black spores that produce a "fishy" odor; minimal effect on quality and yield of wheat.

Stem rust (wheat)

Fungus; windborne; produces dusty, raised-reddish oval lesions on leaves, stems and heads that become black as the plant matures; impairs quality, yield and food value.

Sorghum ergot

Fungus; infected grain can cause toxicity when fed to livestock; symptoms include dripping honeydew and white, swollen spores that replace the seed; spread by honeydew that drips onto surrounding plant parts and soil.

Barley stripe rust

Fungus; windborne; symptoms include yellow-orange lesions on leaves and spikes; spread by spores from the lesions that are blown in the wind.

Mad cow disease

Source of disease unknown; transmitted through contact with infected brain tissue or other nervous system tissue; symptoms

include change in attitude and behavior, gradual uncoordinated movements, trouble standing and walking; similar symptoms in humans, including muscle spasms, lack of muscle control, problems with memory.

Bird flu (Avian influenza)

Virus; symptoms in humans range from flu-like symptoms to eye infections, pneumonia, severe respiratory diseases; spread by contact with infected poultry or contaminated surfaces.

Agriterrorism

The use of plant or animals pathogens to cause devastating disease in the agricultural sector.

GLOSSARY OF TERMS/STATE AGENCIES

Aflatoxin

An agent, produced by fungi, often referred to as a biological weapon.

Agency for Toxic Substances and Disease Registry (ATSDR)

An agency that serves the public by working to prevent exposures to toxic substances.

Anthrax

Bacteria that infect skin, lungs and gastrointestinal systems in humans.

Antigen

A substance capable of inducing specific immune response.

Army Medical Research Institute of Infectious Diseases (AMRIID)

An agency of the U.S. Army that conducts research focused on medical responses to biological weapon attacks.

Atropine

A drug used to inhibit actions in the parasympathetic nervous system.

Attack Rate

A cumulative incident rate often used in an epidemic.

Biological and Toxins Weapons Convention (BWC)

The convention bans the development, production, stockpiling, etc., of some microbial and other biological agents or toxins.

Biosafety

CDC containment Biosafety Levels 1 to 4 that gauge increasing danger.

Blue Grass Army Depot (BGAD)

Conventional ammunition storage for the Armed Forces.

Brucella

A biological agent that contains toxin produced by bacteria.

Body Substance Isolation (BSI)

Protective equipment that protects healthcare workers from patient contact biohazards.

Case Fatality Rate

The proportion of persons contracting a disease who die of that disease.

Cesium-137

A radioactive isotope capable of causing biological damage.

Chemical Abstract Service (CAS)

World's largest and most comprehensive chemical database.

Chemical Agent Munitions Disposal System (CAMDS)

A chemical demilitarization research and development facility.

Chemical Emergency Preparedness Program (CEPP)

Prevents, prepares, responds and informs the public on chemical emergencies.

Chemical Stockpile Disposal Program (CSDP)

Manages the treatment and disposal of chemical agents and weapons.

Chemical Stockpile Emergency Preparedness Program (CSEPP)

Works closely with communities around the nation's eight remaining chemical weapons stockpiles.

Chemical Weapons Convention (CWC)

Prohibits the development, production, stockpiling and use of chemical weapons worldwide.

Chemical Weapons Working Group (CWWG)

A national coalition of citizen organizations whose mission is to ensure chemical weapons are disposed properly.

Chief Has Arrived on Scene (CHAOS)

CHAOS is an acronym describing that the Chief officer has arrived on scene.

Cidofovir

An antiviral treatment option for adverse reactions to smallpox vaccine.

Cipro-Floxacin

An antibiotic used to treat bacterial infections, such as anthrax and plague.

Citizens Advisory Commission (CAC)

Gives the governor local citizens' input on stockpile issues.

Cohort study

The epidemiologic study of a defined population contracting a disease.

Community Outreach And Information Network (COIN)

Community-based communication points, agencies, organizations, schools and individuals that form a network that will give out health alerts and other critical information to the public when normal channels of communication are blocked or not working.

Critical Incident Stress Debriefing (CISD)

Provided for those who have been involved in a major disaster.

Critical Incident Stress Management (CISM)

An integrated "system" of interventions to prevent adverse psychological reactions that accompany emergency services.

Cutaneous

Illness transmitted through the skin.

Dead Right There (DRT)

A phrase for someone pronounced dead at the scene.

Department of Transportation-Exempt (DOT-E)

Designation of materials exempt from DOT regulations.

Disaster Field Office (DFO)

Office in designated area of a major disaster area to support recovery and response.

Disaster Medical Assistance Team (DMAT)

Volunteer medical professionals who are prepared to assemble rapidly as a medical unit.

Disaster Mortuary Service Teams (D-Mort)

Team responsible for assisting local and state personnel with mass fatalities.

Disaster Recovery Center (DRC)

Places established in a disaster to provide victims an opportunity to apply for aid in person.

Disease, preclinical

Disease with no signs or symptoms – they have not yet developed.

Disease, subclinical

Disease is detectable by special tests, but not revealed in symptoms.

Dose rate

Amount of ionizing radiation an individual absorbs per unit of time.

Dose response relationship

Relationship in which a change in amount of exposure is associated with a change in risk.

Doxycycline

An antibiotic used to treat certain bacterial infections.

Electro-magnetic Pulse

Sharp pulse of energy radiated instantaneously by a nuclear detonation.

Emergency Action Level (EAL)

Specific, predetermined criteria used to detect a class of emergencies.

Emergency Alert System/ Emergency Broadcast System

A digital voice/text technology communications system that broadcasts emergency information to the public.

Emergency Environmental Health Services

Services required to improve environmental health effects on humans.

Emergency Health Services

Services required to prevent the damaging health effects of an emergency.

Emergency Management Assistance Compact (EMAC)

A Congressionally ratified organization that assists disaster-impacted states with assistance from other member states.

Emergency Medical Services

Services required for proper medical care for the sick and injured.

Emergency Medical Technician

A formally trained, certified pre-hospital medical provider.

Emergency Mortuary Services

Services required to ensure adequate death investigation, identification and disposition of bodies.

Emergency Plan and Implementing Procedures (EPIP)

A document that describes a process to achieve a desired outcome or to provide direction to implement a policy.

Emergency Planning and Community**Right-to-Know Act (EPCRA)**

Act that contains four provisions on planning and reporting for chemical emergencies.

Emergency Planning Zones (EPZ)

Areas where prompt and effective actions are taken to ensure the health and safety of the public.

Emergency Response Team (ERT)

Personnel assigned to respond to an emergency situation.

Environmental and Public Protection Cabinet (EPPC)

Promotes the quality of life by protecting the environment and people throughout the Commonwealth.

Epizootic

An outbreak of disease in an animal population.

Exposure (Radiation)

A quantitative measure of gamma or x-ray radiation at a certain place based on its ability to produce ionization in air.

Federal Coordinating Officer (FCO)

Person appointed by the President to coordinate federal assistance in a major disaster.

Federal Insecticide Fungicide and Rodenticide Act (FIFRA)

Provides federal control of pesticide distribution, sale and use.

Federal Radiological Emergency Response Plan (FRERP)

Plan that establishes an organized capability for timely assistance.

Field Assessment Team

A team of technical experts that conduct assessments of response needs following a disaster.

Fomites

Articles that convey infection due to contamination by pathogenic organisms. Examples include dishes, door handles and toys.

Gamma radiation

Electromagnetic radiation that readily penetrates most materials.

Geneva Protocol

The first multi-national faction to cover chemical and biological weapons.

Gentamicin

Antibiotic used to treat certain bacterial infections.

Hazard Mitigation

Any action taken to reduce or eliminate long-term risk to human life.

Hazardous Material (HAZMAT)

Any substance or material that, when involved in an accident and released, poses risks to people's health.

Herd immunity

The immunity of a group or community.

High-Efficiency Particulate Air Filter (HEPA Filter)

Used to filter out submicron-sized particles.

Incident Command System (ICS)

A unified, efficient method of establishing order to an emergency scene.

Incident rate

A measure of the rate at which new events occur in the population.

Incubation Period

The time interval between invasion by an infectious agent and the appearance of symptoms.

Index case

The first case in a family or other defined group to come to the attention of the investigator.

Joint Information Center (JIC)/**Joint Public Information Center (JPIC)**

A central point for all news media near the scene of a large-scale disaster.

Kentucky Assistive Technology Service (KATS)

A statewide network to enhance the availability of assistive technology devices and services for individuals with disabilities.

Kentucky Division of Emergency**Management Operations Center (KYDEM OC)**

A Kentucky-based central command center for emergency response.

Multiple Stressor Debriefing

A facilitator-led group process conducted soon after a traumatic event.

Mycotoxins

A potential biological weapon produced by fungi.

National Center for Environmental Health (NCEH)

Promotes health by preventing or controlling diseases or deaths that result from interactions between people and their environment.

National Center for Infectious Diseases (NCID)

A division of the CDC, with a mission to prevent illness, disability and death.

National Pollutant Discharge Elimination System (NPDES)

A program that controls water pollution by regulating point sources that discharge pollutants into waters.

National Toxicology Program (NTP)

An interagency program that evaluates agents of public health concern.

National Transportation Safety Board (NTSB)

An agency that investigates civil aviation accidents in the United States and significant accidents in the other modes of transportation.

National Voluntary Organizations**Active in Disaster (NVOAD)**

Coordinates planning efforts by many voluntary organizations responding to disaster.

Nosocomial infection

An infection originating in a medical facility.

Notifiable disease

A disease that must be reported to the public health authority.

Nuclear Regulatory Commission (NRC)

Also called the National Response Center.

Organophosphate poisoning

Poisoning resulting from exposure to certain pesticides.

Particulate Matter (PM)

A mixture of solid particles and liquid droplets in the air.

Pathogenicity

The property of an organism that determines the extent to which disease is produced.

Polychlorinated biphenyls (PCBs)

Mixtures of synthetic organic chemicals with the same basic chemical structure.

Post Traumatic Stress Disorder (PTSD)

A psychiatric disorder that occurs after life-threatening events.

Preliminary Damage Assessment (PDA)

A mechanism used to determine the impact and magnitude of damage.

Prodromal period

Period during which preliminary symptoms of disease are shown.

Program Manager Assembled Chemical Weapons Assessment (PM ACWA)

A position set up to identify solutions for demilitarization of assembled chemical munitions.

Program Manager for Chemical Demilitarization (PMCD)

The program manager that oversees all chemical demilitarization.

Prophylaxis

Measures designed to preserve health and prevent the spread of disease.

Psittacosis

Listed by the CDC as a potential bioweapon.

Pustular

Small raised places on the skin with pus and an inflamed base.

Regional Operating Center (ROC)

The temporary operations facility for the coordination of federal response and recovery activities.

Registry of Toxic Effects of Chemical Substances (RTECS)

RTECS is a store of data extracted from the open scientific literature.

Sepsis

The presence of microorganisms in the blood.

Seroepidemiology

Epidemiologic study based on the serological testing in the serum level of specific antibodies.

Shelter-in-place

Action taken to utilize a barrier to separate or shield individuals at risk.

Spores

A dormant dehydrated form of bacteria.

Stability

The ability of a biological agent to retain its ability to cause disease over time.

State Coordinating Officer (SCO)

Person appointed by the governor to coordinate state response activities.

Strategic National Stockpile (SNS)

Large quantities of medicine and medical supplies to protect the public if a public health emergency occurs that is severe enough to deplete local supplies.

Streptomycin

An antibiotic used to treat certain bacterial infections.

Tetrachlorobenzo-p-dioxin (TCDD)

A halogenated compound; a byproduct of numerous industrial processes, commonly abbreviated as dioxin.

Total Suspended Solids (non-filterable) (TSS)

A measure of the mass of fine inorganic particles suspended in the water.

Underground Injection Control (UIC)

Placing fluids underground, in porous formations of rocks.

United Nations Special Commission (UNSCOM)

Established to oversee the destruction of weapons of mass destruction.

Vaccinia

The virus used to create an immunity to smallpox in humans.

Vaccinia Immune Globulin (VIG)

A treatment for those suffering from effects of the smallpox vaccine.

Variola major

A more severe form of smallpox; kills 30 to 50 percent of those infected.

Vector-borne

Illness that is transmitted through an invertebrate, such as an insect.

Vesicular

Composed of fluid-filled sacs, such as blisters.

Virulence

The ability of a disease agent to cause illness.

Volatile Hazardous Air Pollutant (VHAP)

Chemicals that cause serious health and environmental effects.

Volatile Organic Compound (VOC)

VOCs are organic chemicals.

"Worried well"

Those who seek medical attention concerned they might be ill, but later discover they are not.

PUBLIC HEALTH FACTS



KENTUCKY FACTS

GEOGRAPHIC, DEMOGRAPHIC AND ECONOMIC FACTS ABOUT KENTUCKY

General Information

- Kentucky is a Commonwealth, which means "for the good of all." There is no distinction between a state and a commonwealth.
- The U.S. Census Bureau estimates the population of Kentucky at more than 4 million people. The projected population for 2020 is 4.7 million.
- Kentucky's largest city is Louisville.
- Kentucky's land area encompasses 39,728 square miles. It is the 36th largest state.
- Kentucky is bordered by seven states: West Virginia, Ohio, Indiana, Illinois, Missouri, Tennessee and Virginia.

Economic Facts

- Fifty percent of all goods sold on the East Coast are transported across Kentucky roads.
- Approximately 95 percent of the state's electrical power is coal-fire generated. The state generates 15 percent of the nation's electricity.
- Kentucky has approximately 1,100 miles of commercially navigable waterways connecting the state to markets inland and around the globe.
- Kentucky has two ground water regions. The alluvial valley along the Ohio and the deposits west of Kentucky Lake.

- Kentucky has 2,760 miles of railroad track.
- For more information contact the Kentucky Cabinet for Economic Development, 300 West Broadway, Frankfort, KY 40601; 502-564-7140; 800-626-2930.

Agricultural Facts

- Kentucky ranks first among all states in exports of livestock and livestock products. Canada is the state's largest foreign market, followed by Japan.
- Kentucky ranks first among 50 states in production of burley, dark fired and dark air tobacco.
- Kentucky ranks first in the nation in the number of farms and among the top 20 states in production of corn, soybeans, wheat and grain sorghum.
- Central Kentucky is the world's largest concentration of Thoroughbred breeding farms.
- Lexington-Fayette County serves as the world's center for financial, accounting and legal services for the thoroughbred horse industry. For more information contact: Kentucky Thoroughbred Association, Inc., 4079 Iron Works Parkway, Lexington, KY 40511; 859-381-1414.
- Kentucky is also one of the world's largest producers of bourbon.

Public Health Facts

- The Kentucky Department for Public Health (DPH) has 56 district offices located throughout the state serving 120 counties.
- The DPH annually trains more than 150,000 healthcare practitioners, support staff and providers of personal health care.

- DPH helps protect the food supply from 90,000 farms and each year provides training for more than 140,000 people working in food preparation and service.
- DPH provides basic health services to more than 550,000 people living in poverty across the commonwealth.
- If a pandemic flu hit the U.S., Kentucky could face 3,700 deaths and 16, 216 people hospitalized in the first wave of the disease. (Source: Trust For America's Health.)
- Kentucky's areas of potential risk include earthquake, transportation and hazardous materials, release of chemical and radioactive agents, influenza pandemic and weapons of mass destruction.

CHFS/DPH SURVEY FINDINGS

- Seventy-eight percent of the general population and 74 percent of the special needs populations get their emergency/disaster information from television – in contrast to 10 percent and 9 percent, respectively, from radio; and 4 percent (both) from the Internet.
- The most trusted source of disaster or public safety news/information is *media* (53 percent and 55 percent, respectively) with *government officials* a distant 25 percent and 20 percent, respectively.
- Seventy-eight percent and 79 percent of individuals, respectively, say they have *taken no steps* to prepare for terrorist events.
- In the event of a public health emergency, 66 percent and 58 percent, respectively, said they would be *very likely* to follow orders from city and county officials.
- Of those “not very likely” to do so, the single most important reason given was *lack of information*.
- Sixty-seven percent and 61 percent, respectively, said they think *they could protect* themselves and their families in the event of a public health risk.
- More than *99 percent of the general population and 93 percent of the special needs groups of Kentucky said they would agree to help a neighbor* in the event of a large-scale public health risk.

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